

Environmental Services Division

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BROOKHAVEN
NATIONAL LABORATORY

managed by Brookhaven Science Associates
for the U.S. Department of Energy

www.bnl.gov

July 18, 2002

Mr. Robert Desmarais
Director, Project Management Division
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for June 2002
REFERENCE: Letter from Robert Desmarais to Cunniff dated June 28, 2002

Included as Attachment I, please find the DMR for the month of June 2002. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, III, and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 002B, 003, 005, 006A, and 006B are therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of June 2002.

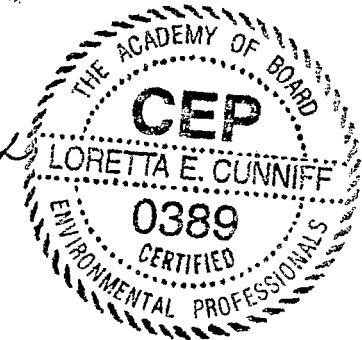
Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than July 28, 2002. If there are any questions regarding the information

contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166. In addition to the pre-printed DMR, we are providing a duplicate computer generated DMR for review by the NYSDEC. Duplicate DMRs will be submitted to the NYSDEC for approval before transitioning to providing the computer generated DMR instead of the pre-printed one.

Sincerely,

Lori Cunniff

Lori Cunniff, CEP
Division Manager



LEC/MA:cr

- Attachment I: Discharge Monitoring Report for June 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 6/3/02, 6/5/02, and 6/7/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 002B, 005, 006A, 006B, 008, and 010.
- Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 002B, 005, 006A, and 006B.
- Attachment V: Computer generated Discharge Monitoring Report for June 2002.

- | | | | | |
|-----|--------------|-----------------|---------------|-----------------|
| cc: | M. Allocco | w/attachments | M. Baldwin | w/attachments |
| | M. Bebon | w/o attachments | W. Chaloupka | w/attachments |
| | L. Cunniff | w/o attachments | S. Dierker | w/o attachments |
| | G. Granzen | w/o attachments | J. Higbie | w/attachments |
| | C. Johnson | w/o attachments | R. Lee | w/attachments |
| | E. Lessard | w/o attachments | D. Lowenstein | w/o attachments |
| | E. Murphy | w/attachments | A. Queirolo | w/o attachments |
| | V. Radeka | w/o attachments | T. Sheridan | w/o attachments |
| | D. Van Duyne | w/attachments | M. Wood | w/o attachments |

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for June 2002
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. The reported concentration was estimated by the analytical laboratory.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
5. Photographic rinse waters discharged from Building 197B, are generated by two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

| Location | Flow | pH | Total Nitrogen | Cyanide | Silver | Phenolics |
|-------------------|-------------|-----------|-----------------------|----------------|---------------|------------------|
| 1-87 | 17.4 GPD | 7.2 SU | 28.2 mg/L | < 10 µg/L | 33.6 µg/L | 30.9 µg/L |
| 1-93B | 87.7 GPD | 6.1 SU | 1870 mg/L | < 10 µg/L | 11.4 µg/L | < 5.0 µg/L |
| Total Flow | 105.1 GPD | | | | | |

6. PCBs were not detected at a method detection limit of 0.065 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
7. The Water Treatment Plant backwash system operated mostly on weekends during the first two weeks of June and then did not operate for the remainder of the month. An attempt was made to collect the regulatory sample for pH but due to operational problems, the collection could not be completed.

ATTACHMENT I
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR JUNE 2002
FOR OUTFALLS NO. 001 – 010

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835 **001 A**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 (SUBR 01)
 F - FINAL
 ACID/CAUSTIC CLEAN RINSE 535B

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---|---------------------|---------|--------|--------------------------|---------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 3 | | 1600 | ***** | (07) | ***** | ***** | ***** | | 0 | 03/90 | RC |
| 00056 1 0 1 EFFLUENT GROSS VALUE | | REPORT DAILY AV | ***** | GPD | ***** | ***** | ***** | **** | | QTRLY | RCORD |
| PH | | ***** | ***** | | 6.9 | ***** | 7.5 | (12) | 0 | 02/90 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | REPORT MINIMUM | ***** | REPORT MAXIMUM | SU | | QTRLY | GRAB |
| 315 (2-ETHYLHEXYL) PHTHALATE | | ***** | ***** | | ***** | ***** | < 10 | (28) | 0 | 01/90 | GR |
| 39100 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| DI-N-BUTYL PHTHALATE | | ***** | ***** | | ***** | ***** | < 10 | (28) | 0 | 01/90 | GR |
| 39110 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| | | SAMPLE MEASUREMENT | | | | | | | | | |
| | | PERMIT REQUIREMENT | | | | | | | | | |
| | | SAMPLE MEASUREMENT | | | | | | | | | |
| | | PERMIT REQUIREMENT | | | | | | | | | |
| | | SAMPLE MEASUREMENT | | | | | | | | | |
| | | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|--|---|-----------|--------------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE | | | |
| | | | 631 344-3424 | | | |
| Mr. Frank Crescenzo Acting Area Group Manager | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | | | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

001 B
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | | |
|--|---|---------------------|---------|-------|--------------------------|---------|-----------------|--|--------|-----------------------|-------------|----|-----|--|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | | | |
| FLOW RATE See Note 3 | | 260 | ***** | (07) | ***** | ***** | ***** | | 0 | 01/90 | RC | | | |
| 00056 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT DAILY AV | ***** | GPD | ***** | ***** | ***** | **** | | QTRLY | RCORDR | | | |
| PH | | ***** | ***** | | 6.1 | ***** | 6.1 | (12) | 0 | 01/90 | GR | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT MINIMUM | ***** | REPORT MAXIMUM | SU | | QTRLY | GRAB | | | |
| CHROMIUM, TOTAL See (AS CR) Note 1 | | ***** | ***** | | ***** | ***** | 3.4 | (28) | 0 | 01/90 | GR | | | |
| 01034 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB | | | |
| COPPER, TOTAL (AS CU) | | ***** | ***** | | ***** | ***** | 270 | (28) | 0 | 01/90 | GR | | | |
| 01042 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB | | | |
| IRON, TOTAL See (AS FE) Note 2 | | ***** | ***** | | ***** | ***** | 231 | (28) | 0 | 01/90 | GR | | | |
| 01045 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB | | | |
| MANGANESE, TOTAL See Note (AS MN) 1 | | ***** | ***** | | ***** | ***** | 3.3 | (28) | 0 | 01/90 | GR | | | |
| 01055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB | | | |
| NICKEL, TOTAL See Note (AS NI) 1 | | ***** | ***** | | ***** | ***** | 3.7 | (28) | 0 | 01/90 | GR | | | |
| 01067 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | | | | |
| Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 631 344-3424 | YEAR | MO | DAY | |
| | | | | | | | | | | AREA CODE | NUMBER | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER
001 B DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 RINSE FROM CENTRL DEGREASR 498

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 34.8 | (28) | 0 | 01/90 | GR |
| 1,2-DICHLOROETHANE 32103 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| 1,1,1-TRICHLOROETHANE 34506 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| BROMODICHLOROMETHANE EFFLUENT 38693 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| BIS (2-ETHYLHEXYL) PHTHALATE 39100 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <10 | (28) | 0 | 01/90 | GR |
| DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | <10 | (28) | 0 | 01/90 | GR |

| | | | |
|---|---|--|----------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 631 344-3424 AREA CODE NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

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BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON** NY 11973
 ATTN: **GEORGE MALUSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

001 B
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|-------|--------------------------|---------|---------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| TETRACHLOROETHYLENE | | ***** | ***** | | ***** | ***** | < 1 | (28) | 0 | 01/90 | GR |
| 85814 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | ***** | REPORT DAILY INX | UG/L | | | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS.
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

001 D
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PHOTOPROCESSING RINSE FROM 1978

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 02 04 01 TO 02 06 30

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|--------|--------------------------|---------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 5 | SAMPLE MEASUREMENT | 105 | ***** | (07) | ***** | ***** | ***** | | 0 | 01/90 | RC |
| 00056 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT DAILY AV | ***** | ***** | ***** | ***** | ***** | **** | | QTRLY | RCORDR |
| PH See Note 5 | SAMPLE MEASUREMENT | ***** | ***** | | 6.1 | ***** | 7.2 | (12) | 0 | 02/90 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | REPORT MINIMUM | ***** | REPORT MAXIMUM | SU | | QTRLY | GRAB |
| NITROGEN, TOTAL See Note (AS N) 5 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 1870 | (19) | 0 | 02/90 | GR |
| 00600 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | MG/L | | QTRLY | GRAB |
| CYANIDE, TOTAL See Note (AS CN) 5 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 10 | (28) | 0 | 02/90 | GR |
| 00720 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| SILVER, TOTAL See Note (AS AG) 5 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 33.6 | (28) | 0 | 02/90 | GR |
| 01077 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| PHENOLICS, TOTAL RECOVERABLE See Note | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 30.9 | (28) | 0 | 02/90 | GR |
| 32730 1 0 0 5 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|--|--|--------------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | Mr. Frank Crescenzo Acting Area Group Manager | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 631 344-3424 | YEAR | MO |
| TYPED OR PRINTED | | AREA CODE | NUMBER | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
BOILER BLOWDN FROM 244,405,ETC

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 04 | 01 | TO | 02 | 06 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|---------|----------------|--------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 3 | | 13 | ***** | (07) | ***** | ***** | ***** | | 0 | 01/90 | RC |
| 00056 1 0 1 EFFLUENT GROSS VALUE | | REPORT DAILY AV | ***** | GPD | ***** | ***** | ***** | **** | | STEEL | RECORD |
| PH | | ***** | ***** | | 9.5 | ***** | 10.0 | (12) | 0 | 7/90 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | | ***** | **** | REPORT MINIMUM | ***** | REPORT MAXIMUM | SU | | STEEL | GRAB |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | |
| Mr. Frank Crescenzo Acting Area Group Manager | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | 631 344-3424 | | | |
| TYPED OR PRINTED | | | | | | | | AREA CODE | NUMBER | YEAR | MO |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

001 F
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWER WTR & BLOWDN 902

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|--------|--------------------------|---------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 3 | | 11000 | ***** | (07) | ***** | ***** | ***** | | 0 | 03/90 | RC |
| 00056 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT DAILY AV | ***** | GPD | ***** | ***** | ***** | **** | | QTRLY | RCORD |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 8.5 | ***** | 8.5 | (12) | 0 | 01/90 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | REPORT MINIMUM | ***** | REPORT MAXIMUM | SU | | QTRLY | GRAB |
| PROPYLENE GLYCOL MONOBUTYL ETHER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <500 | (28) | 0 | 01/90 | GR |
| 49875 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | UG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|---------|-------|--------------------------|---------|--------------|-------------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 77 | (15) | 0 | 01/01 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 90 | DAILY MX | | DAILY | GRAB |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | < 2 | < 2 | (19) | 0 | 03/30 | 24 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 10 | 20 | DAILY AV DAILY MX | | ONCE/MONTH | COMP24 |
| PH 00400 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | 6.5 | ***** | 6.8 | (12) | 0 | 01/01 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 5.8 | ***** | 9.0 | MINIMUM MAXIMUM | | DAILY | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | < 4 | < 4 | (19) | 0 | 03/30 | 24 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 10 | 20 | DAILY AV DAILY MX | | ONCE/MONTH | COMP24 |
| SOLIDS, SETTLEABLE 00545 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0 | (25) | 0 | 01/01 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.1 | DAILY MX | | DAILY | GRAB |
| NITROGEN, TOTAL (AS N) 00600 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 7.5 | (19) | 0 | 03/30 | 24 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 10 | DAILY MX | | ONCE/MONTH | COMP24 |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 0.1 | (19) | 0 | 03/30 | 24 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 2 | DAILY MX | | ONCE/MONTH | COMP24 |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | TELEPHONE | | DATE | | |
| Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED | | | | | | | 631 344-3424 | | | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.
 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01297/020805-1947 This is a 4-part form. PAGE 9F

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D)) (Form)

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|---|---------------------|---------|-------|--------------------------|---------|-----------------|--------------|--------|-----------------------|-------------|-----|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | |
| PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 1.5 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 10 | (28) | 0 | 03/30 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 100 DAILY MX | UG/L | | THREE/MONTH | GRAB | |
| COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.044 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.15 DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.20 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.37 DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0024 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.019 DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| NICKEL, TOTAL (AS NI) 1 See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0037 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.11 DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| SILVER, TOTAL (AS AG) 1 See Note 1 01077 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0029 | (19) | 0 | 03/30 | 24 | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.015 DAILY MX | MG/L | | ONCE/MONTH | COMP24 | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | | |
| Mr. Frank Crescenzo Acting Area Group Manager | | | | | | | | 631 344-3424 | | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE

FACILITY **UPTON** NY 11973
LOCATION **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY 11973

ATTN: **GEORGE MALUSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|---|---------------------|--------------|-------|--------------------------|---------|---------|--------------|----------|-----------------------|-------------|------------|------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | | |
| ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.03 | (19) | 0 | 03/30 | 24 | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.1 | DAILY MX | MG/L | ONCE/MONTH | COMP2+ | | |
| TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 1 | (28) | 0 | 03/30 | GR | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 5 | DAILY MX | UG/L | TWICE/MONTH | GRAB | | |
| METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 1 | (28) | 0 | 03/30 | GR | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 5 | DAILY MX | UG/L | TWICE/MONTH | GRAB | | |
| 1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 1 | (28) | 0 | 03/30 | GR | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 5 | DAILY MX | UG/L | TWICE/MONTH | GRAB | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.51 | 0.71 | (03) | ***** | ***** | ***** | | 0 | 99/99 | RC | | |
| | PERMIT REQUIREMENT | REPORT DAILY AV | 2.3 DAILY MX | MGD | ***** | ***** | ***** | **** | **** | CONTINUOUS | RECORD | | |
| MERCURY, TOTAL (AS HG) See Note 1 71900 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0001 | (19) | 0 | 03/30 | 24 | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.0008 | DAILY MX | MG/L | ONCE/MONTH | COMP2+ | | |
| COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 2 | < 2 | (13) | 0 | 03/30 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 200 | 400 #/ | DAILY AV | DAILY MX | 100ML | ONCE/MONTH | GRAB |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | | | |
| Mr. Frank Crescenzo Acting Area Group Manager | | | | | | | | 631 344-3424 | | | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE | NUMBER | YEAR | MO | DAY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|-------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| FROM 02 | 06 | 01 | TO 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|-------|--------------------------|---------|----------|----------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 2-BUTANONE | | ***** | ***** | | ***** | ***** | < 5 | (28) | 0 | 03/30 | GR |
| 78356 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | *** | ***** | ***** | 50 | UG/L | | TWICE/MONTH | GRAB |
| BOD, 5-DAY PERCENT REMOVAL | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | DAILY MX | | | | |
| 81010 K 0 0 PERCENTREMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | > 93 | ***** | ***** | (23) | 0 | 01/30 | CA |
| SOLIDS, SUSPENDED PERCENT REMOVAL | PERMIT REQUIREMENT | ***** | ***** | *** | 85 NO. AV. MN | ***** | ***** | PER-CENT | | ONCE/MONTH | CALCTD |
| 81011 K 0 0 PERCENTREMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | > 92 | ***** | ***** | (23) | 0 | 01/30 | CA |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 85 NO. AV. MN | ***** | ***** | PER-CENT | | ONCE/MONTH | CALCTD |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01300/020605-1047 PAGE 2F

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT EFFL & STORMWTR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

001 0
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.065 | (28) | 0 | 03/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT DAILY HX | UG/L | | QTRLY | GRAB |
| See Note 6 | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (If Different))

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

002 B
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHMS(1002) BLOWDN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|--------|--------------------------|---------|-------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 8.4 | ***** | 8.4 | (12) | 0 | 01/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | *** | REPORT MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE | | ***** | ***** | | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | *** | ***** | ***** | 15 DAILY MX | MG/L | | ONCE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | ***** | 0.00001 | (03) | ***** | ***** | ***** | | 0 | 04/30 | RC |
| 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | ONCE/MONTH | RCORDR |
| See Note 3 | | | | | | | | | | | |
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| | | | | | |
|--|---|-------------------------------|-----------|--------|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE 631 344-3424 | DATE | | |
| | | | AREA CODE | NUMBER | YEAR |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O F**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

002 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLNG, PRCP, ETC (HN)

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|----|-----|----|
| YEAR | MO | DAY | YEAR | MO | DAY | |
| 02 | 06 | 01 | TO | 02 | 06 | 30 |

FROM

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|---------|---------|-----------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 7.6 | ***** | 7.8 | (12) | 0 | 04/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | REPORT MINIMUM | ***** | 9.0 | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE | | ***** | ***** | | ***** | ***** | <5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | ***** | ***** | 15 | DAILY MAX | | ONCE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | 0.01 | ***** | (03) | ***** | ***** | ***** | | 0 | 04/30 | RC |
| 50050 1 0 1 EFFLUENT GROSS VALUE | | REPORT DAILY AV | ***** | MGD | ***** | ***** | ***** | **** | | ONCE/MONTH | RCORDR |
| See Note 3 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01303/020805-11947 PAGE 9F

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005335
PERMIT NUMBER

002 0
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLG, PRECP ETC (HN)

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| ALUMINUM, TOTAL See Not (AS AL) 1 01105 1 0 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.04 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 2.0 DAILY MX | MG/L | | QTRLY | GRAB |
| CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | DAILY MX | UG/L | | QTRLY | GRAB |
| 1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 5 DAILY MX | UG/L | | QTRLY | GRAB |
| BROMODICHLOROMETHANE EFFLUENT 38693 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <1 | (28) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 50 DAILY MX | UG/L | | QTRLY | GRAB |
| 1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.07 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.5 DAILY MX | MG/L | | QTRLY | GRAB |
| TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.005 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.2 DAILY MX | MG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 844-3424
AREA CODE NUMBER
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
~~SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR~~
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHMS(1002) BLOWN

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALUSH, GROUP MGR

NY0005835
PERMIT NUMBER

002 R
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 04 | 01 | 02 | 06 | 30 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|---|---------------------|-----------|--------|--------------------------|---------|------------------|--|--------|-----------------------|-------------|------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | |
| 1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.13 | (19) | 0 | 01/90 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.5 DAILY MAX | MG/L | | QTRLY | GRAB | |
| TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 0.005 | (19) | 0 | 01/90 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.2 DAILY MAX | MG/L | | QTRLY | GRAB | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | | |
| Mr. Frank Crescenzo Acting Area Group Manager | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 631 344-3424 | | YEAR |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | | | | | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING.
ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED,
~~DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.~~

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLING TOWR BLDN ETC(HS)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

005 M
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 06 | 01 | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 6.2 | ***** | 8.2 | (12) | 0 | 04/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | REPORT | ***** | 8.5 | | | ONCE/ | GRAB |
| | | | | **** | MINIMUM | | MAXIMUM | SU | | MONTH | |
| OIL & GREASE | | ***** | ***** | | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | ***** | 15 | | | ONCE/ | GRAB |
| | | | | **** | | | DAILY MX | MG/L | | MONTH | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLAN | | 0.2 | ***** | (03) | ***** | ***** | ***** | | 0 | 04/30 | RC |
| 50050 1 0 1 EFFLUENT GROSS VALUE | | REPORT | ***** | | ***** | ***** | ***** | **** | | ONCE/ | RCORR |
| | | DAILY AV | | MGD | | | | **** | | MONTH | |
| See Note 3 | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | |
|--|---|--------------|--------|------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE | | |
| | | | YEAR | MO | DAY |
| Mr. Frank Crescenzo Acting Area Group Manager | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 631 344-3424 | | | |
| TYPED OR PRINTED | | AREA CODE | NUMBER | YEAR | MO |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLG TOWR BLOWDN ETC(HS)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME 57005
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

005 0
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COPPER, TOTAL (AS CU) See Note 1 01042 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.008 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 1.0 DAILY MX | MG/L | | QTRLY | GRAB |
| 1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.05 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.25 DAILY MX | MG/L | | QTRLY | GRAB |
| TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.005 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.2 DAILY MX | MG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Frank Crescenzo
Acting Area Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631 344-3424

AREA CODE NUMBER

DATE

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
WATER TREATMENT PLT BKWSH (HX)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D)(Form))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

007 M
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------|-------|--------------------------|---------|-------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE | | ***** | 240000 | (07) | ***** | ***** | ***** | | 0 | 31/30 | IN |
| 00056 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | REPORT DAILY MX | GPD | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTANT |
| PH See Note 7 | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | | (12) | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
AREA CODE NUMBER
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL
STORMWTR RUNOFF WAREHOUSE (HW)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D C E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

003 M
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|--------------|--------------------------|---------|-------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 4 | | ***** | 98000 | (07) | ***** | ***** | ***** | | 0 | 01/30 | IN |
| 00056 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | REPORT | DAILY MX GPD | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTAN |
| PH | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTAN |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.9 | ***** | 7.9 | (12) | 0 | 01/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT MINIMUM | ***** | 8.5 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 15 DAILY MX | MG/L | | ONCE/MONTH | GRAB |
| 1,1-DICHLOROETHYLENE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | (28) | 0 | 01/30 | GR |
| 34501 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 5 DAILY MX | UG/L | | ONCE/MONTH | GRAB |
| 1,1,1-TRICHLORO-ETHANE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | (28) | 0 | 01/30 | GR |
| 34506 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 5 DAILY MX | UG/L | | ONCE/MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 01)
F - FINAL
SW RUNOFF FROM WAREHOUSE AREA

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835 **008 Q**
PERMIT NUMBER DISCHARGE NUMBER

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 04 | 01 | 02 | 06 | 30 |

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|-------------------------|----------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| ALUMINUM, TOTAL See Note (AS AL) 1 01105 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | ***** | 0.1 2.0 DAILY MAX | (19) MG/L | 0 | 01/90 | GR |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | *** | | | | | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
STORMWTR R O CENTRAL STEAM (H)

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------|--------|--------------------------|---------|-------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE See Note 4 | | ***** | 56000 | (07) | ***** | ***** | ***** | | 0 | 01/30 | IN |
| 00056 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | 56000 | (07) | ***** | ***** | ***** | | 0 | 01/30 | IN |
| | PERMIT REQUIREMENT | ***** | REPORT DAILY MX | GPD | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTANT |
| PH | | ***** | ***** | | 7.3 | ***** | 7.3 | (12) | 0 | 01/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | REPORT MINIMUM | ***** | 8.9 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | ***** | | ONCE/MONTH | GRAB |
| OIL & GREASE | | ***** | ***** | | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | 15 DAILY MX | MG/L | | ONCE/MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | ***** | | ONCE/MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
 Acting Area Group Manager
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 **010 Q**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
SW RUNOFF FROM CENTRAL STM (H)

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 04 | 01 | TO | 02 | 06 30 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|----------|--------------------------|---------|--------------------|--|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.04 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 1.0 DAILY MX | MG/L | | QTRLY | GRAB |
| LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.01 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0.01 DAILY MX | MG/L | | QTRLY | GRAB |
| VANADIUM, TOTAL See Note (AS V) 1 01087 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.01 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT DAILY MX | MG/L | | QTRLY | GRAB |
| ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.6 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 2.0 DAILY MX | MG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | |
| Mr. Frank Crescenzo Acting Area Group Manager | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | NUMBER |
| TYPED OR PRINTED | | | 631 | 344-3424 | | | | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME **U S D O E**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005035 PERMIT NUMBER
06A M DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS, ETC (HT1)

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 02 | 06 | 01 | 02 | 06 | 30 |

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|---------|--------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 7.4 | ***** | 7.9 | (12) | 0 | 04/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | REPORT MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE | | ***** | ***** | | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | **** | ***** | ***** | 15 DAILY MAX | MG/L | | ONCE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | 0.04 | ***** | (03) | ***** | ***** | ***** | | 0 | 04/30 | RC |
| 50050 1 0 1 EFFLUENT GROSS VALUE | | REPORT DAILY AV | ***** | MGD | ***** | ***** | ***** | **** | | ONCE/MONTH | RECORD |
| See Note 3 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
 Acting Area Group Manager
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **U S D O E**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

06A Q
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS, SW(HT1)

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 0.05 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.5 DAILY MX | MG/L | | QTRLY | GRAB |
| TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | < 0.005 | (19) | 0 | 01/90 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.2 DAILY MX | MG/L | | QTRLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
**NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS**

NATIONAL DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 01)
F - FINAL
COOLING TOWER FROM 919 ETC (HT2)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GFORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

06B M
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 02 | 06 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE [] ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|--------|--------------------------|---------|--------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 7.6 | ***** | 8.0 | (12) | 0 | 04/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | REPORT MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| DIL & GREASE | | ***** | ***** | | ***** | ***** | < 5.0 | (19) | 0 | 01/30 | GR |
| 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | 15 DAILY MAX | MG/L | | ONCE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | 0.2 | ***** | (03) | ***** | ***** | ***** | | 0 | 04/30 | RC |
| 50050 1 0 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | REPORT DAILY AV | ***** | MGD | ***** | ***** | ***** | **** | | ONCE/MONTH | RCORR |
| See Note 3 | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Acting Area Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631 344-3424
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835

PERMIT NUMBER

068 Q

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

COOLG TOWRS FROM 919 ETC (HT2)

MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 02 | 04 | 01 | | 02 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|---|---------------------|---------|-------|--------------------------|---------|------------------|--------------|--------|-----------------------|-------------|-----|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | |
| 1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.05 | (19) | 0 | 01/90 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.5 DAILY MAX | MG/L | | QTRLY | GRAB | |
| TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.005 | (19) | 0 | 01/90 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.2 DAILY MAX | MG/L | | QTRLY | GRAB | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | TELEPHONE | | DATE | | |
| Mr. Frank Crescenzo Acting Area Group Manager | | | | | | | | 631 344-3424 | | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS